

I-1000 MEDICAL CERTIFICATION**I-1010 REQUIREMENT****I-1010.1 LTC and HCBS Only**

An individual must meet Long Term Care medical certification criteria to be eligible for nursing facility or ICF/DD vendor payment or Home and Community Based Services. To meet this criteria the individual must meet the level of care for institutionalization in a nursing facility or ICF/DD.

This determination is made by:

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- the Office of Aging and Adult Services (OAAS) or its designee for nursing facility admission and home and community based services for Adult Day Health Care (ADHC), Community Choice Waiver (CCW), and Program for All-Inclusive Care for the Elderly (PACE), and
- the Office for Citizens with Developmental Disabilities (OCDD) or its designee for ICF/DD and home and community based services for New Opportunities Waiver (NOW), New Opportunities Waiver (NOW) Fund, Children's Choice (CC), Supports Waiver (SW), and Residential Options Waiver (ROW)

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The medical certification is separate from and unrelated to any determination of disability made by MEDT or SSA/SSI.

Nursing Facility Admission

Eligibility will be the later of the medical certification approval date, the date of admission, or the date that financial eligibility is established.

For individuals seeking admission to a Medicaid-certified nursing facility, regardless of the source of payment for the nursing facility services, the medical certification shall be obtained from the Office of Aging and Adult Services (OAAS) and/or the appropriated Level II authority prior to admission.

The individual must be admitted to the facility within 30 days of the date of the medical certification. If the individual is not admitted within 30 days of the certification approval date, a new medical decision is needed.

The pre-admission process is applicable for nursing facility admission only and is not applicable to ICF/DD and Waivers.

ICF/DD Admissions

Eligibility will be the later of the medical certification approval date, the date of admission, or the date that financial eligibility is established.

Home and Community Based Services

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Eligibility will be the later of the medical certification approval date, or the date that financial eligibility is established.

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I-1010.2 LBHP and CSoC only

To receive services through the Louisiana Behavioral Health Partnership (LBHP) or Coordinated System of Care (CSoC), individuals must meet a level of need and in some instances a level of care for nursing facility or hospital placement.

This determination is made by independent evaluators contracted through the Statewide Management Organization (SMO). The SMO will only send approvals of the medical certification indicating an effective start and end date of the approval.

A new determination will be made:

- every 12 months for LBHP adults
- every 6 months for CSoC children

The medical certification information will be used to complete segments on the AUMEM record in MEDS. See the [LBHP](#) chapter in the Administrative Procedures Manual.

I-1011 LEVEL TWO SCREENING FOR ADMISSION TO LTC INSTITUTIONS/FACILITIES

Level Two Screening is an additional assessment of the appropriate placement for all new admissions with a diagnosis of mental illness (MI) or intellectual disability (ID) (mental retardation). The medical certification may be delayed pending completion of the Level Two Screening.

A Medicaid-certified nursing facility shall not admit an individual with a diagnosis of a serious MI or ID without a preadmission screening and a decision from the Level II authority.

OCDD is responsible for the Level II screening and level of care determination for persons with intellectual disabilities (ID).

Office of Behavioral Health (OBH) is responsible for the Level II screening and level of care determination for persons with the diagnosis mental illness (MI).

I-1020 VERIFICATION**I-1020.1 LTC and HCBS Only**

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The medical certification approval or denial is documented on BHSF Form 142 indicating the effective date and level of care.

LTC

The medical certification approval remains valid unless the individual:

- does not admit to a nursing facility within 30 days of the approval date (the approval date counts as day one),
- breaks institutional care,
- has a temporary medical approval, or
- changes level of care.

HCBS

The medical certification approval remains valid unless the individual is permanently discharged from waiver

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H-1020.1 **LBHP and CSoC Only**

The medical certification approval is documented on BHSF Form 142-BH indicating the effective start and end dates and the specific level of need or level of care for corresponding LBHP or CSoC eligibility.

I-1030 **DOCUMENTATION**

** A copy of the Medical Certification Form 142 or 142-BH is filed in the electronic case record.